MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

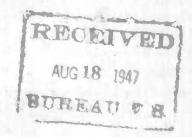
93d

06870

# CERTIFICATE OF DEATH

eg. Diat. No. 64

	Neg. Dist. 100
1. PLACE OF DEATH: County Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County  City or town.   Cit outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Hospilal, institution, or street address where death occurred:  The Sections  How long in hospilal or institution?	State County Caraly County of town India, write RURAL and give nearest town)  Street No. (1f rural, give LOCATION)  2.(a) If veleran, name war.
3. (a) FULL NAME Henry F. andrew	3. (b) Social Security Number
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced  Male Hhite Midowed	MEDICAL CERTIFICATION  20. DATE OF DEATH.  August 14 19.47 21.1:30 4 18
8. (b) Name of husband or wife.  A. Victoria Audrew  6. (c) If alive, give age. years  7. Birth dale of deceased (mo., day, yr.)  B. AGE: Years Months Days If less than one day  8. AGE: 3  8. AGE: No. 10  8	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 17. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
9. Birthplace	Oue to  Due to  Other conditions
14. Maiden name Elizabeth Griffith  15. Birthplace Caroline County, Maryland  16. Intermant Mrs. Oral Alistopher	(Include pregnancy within 8 months of death)  Major findings of aperations
Address Lederal burg maryand  17. Burisl Dale thereof Linguist 15, 1947.  (Burisl, cremation, or removal, Which?)  Cemetery or crematory. Thele Cost Constant  Location Location Maryland  18. Funeral director of the Linguist Maryland  18. Funeral director of the Linguist Maryland	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
Address Federalsburg, maryland  19. August 15. 1947. 5. 5. Frankton.	23. SIGNATURE TO LONG M. D. or other  M. D. or other  M. D. or other  M. D. or other



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VS A15

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CIA DVI AND	COTO A OTTO	DEDA	TO THE REPORTED	OF	PERSON NAMED IN
MARYLAND	SIAIR	HIPPA	KINDEN	1111	HEALIH

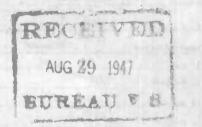
2411 N. Charles St., Baltimore

46d

06871

#### CERTIFICATE OF DEATH

V=11111V11	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn surfants give residence of mother)  Slate
	(If rural, give LOCATION)
TOW TOTAL TO HOSPITAL OF HISTORIAN CO. M. S. C.	2.(a) If veteran, name war.
4. Set ) 5. Golor or race   6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
Male White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH
8.(b) Name of husband or wife Catherine Isolal  7. Birth date of deceased (mo., day, yr.) Citiquest - 1861	21. I CENTIFY that death occurred of the date above stated; that I attended deceased from  1947.  1947.  and that I last raw h
8. AGE: Years Months Days II less than one day	Themediate cases of death
10. Usual occupation  11. Industry or business  12. Name	Due to.  Diher conditions the Canada a factoria (2)
	(Include pregnancy within 3 months of death)
14. Maiden name.	Major findings of operations.
16, Informant Lielian Fisher  Address Caston Md.	Actopsy results
17. Date thereof Curg. 75, 1947 (Burlai, cremation, or removed. Which)  Date thereof Curg. 75, 1947 (mynth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Cemetery or crematory	Where did injury occur? (City or town) (County) (State) Injured at home, farm, injustry, public place (where?)  Means of injury
18. Funeral director Salory, Hd.	23. SIGNATURE ALCULA M. D/or other
19. (Date recil by registrer)	Vienelone Ned



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MARGIN RESERVED

PLEASE WRITE

VS

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

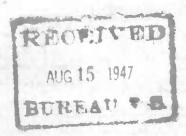
8300

06872

# CERTIFICATE OF DEATH

Reg. Diat. No. 62

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbarn infants give residence af mather)  State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. Quant 7 19 4 7 at 1/1 1/1 1/2 7
6.(b) Name of husband or wife face 3 rown  6.(c) If alive, give age 60 years  7. Birth date of 7 1 = 2 19 17	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the state of the st
8. AGE: Years Months Days If less than one day min.	Immediate cause nI death Country DURATION / O L
9. Birthpiace Davis Ville Carolina, Many land	Oue to
10. Usual occupation	Dither conditions Ty Lesleus in 5 7/2
12. Name brown Drown  13. Birthplace Burrilla Ind.	(Include pregnancy within 3 months af death)
15. Birthplace Bursville, Ind.	Major findings of operations
Address Dento, and.	PHYSICIAN: Please underline the cause in which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remayal, Which?)  Cemetery or crematory.  Date thereof (day) (year)	Accident, suicide, or homicide
Location Dental Manual State S	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address Jentoff manyland	23. SIGNATURE COULD TWO THE M. D. OT BOOK
19	Address Deuten Med Date signed \$ 19/4



2411 N. Charles St., Baltimore

83au

### CERTIFICATE OF DEATH

Reg. Diat. No ....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland Cousty Caroline
City or town(If outside city or town limits, write RURAL and give nearest town)	A Wandanawal Runal
How losg in above place of death (	City or tows
Hoapilal, issiliulion, or street address where death occurred:	Sireet No
V	(If rural, give LOCATION)
Now losg in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William Henr	4 Cole 218-20-588
Male White Married Warried	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19. 47. 11
8.(b) Name of husband or wifs	21. 1 CERTIFY that death occurred on the date above stated; that 1 attended deceased from
7. Birth data of decoased (mo., day, yr.) Peb-16, 1881	and that flast saw could be on colleged to the colleged of the
8. AGE: Years Months Days If less than one day O	Merebral Hemorrhage
8. Birthplace dies Unnes County, Md.	Due to Albertoulines Ha
10. Usual occupation	Oue to Astinia Adulation
E 12. Name Amendes Cole	Other conditions
三 13. Birthplace	(include pregnancy within 8 months of death)
14. Maiden name. Ocoletes Solt.  15. Birthplace Penna.	Major findings of operations.  Date of op.
16. Informant Mrs. Line Cale	Autopsy results
Address Alexaderson md. Rural	PHYSICIAN: Plesse underline the cause to which desth should be charged statistically.
17. Burial, eremation, or removal of which?)  Date thereof. 8 / 8 / 4 7 (Burial, eremation, or removal of which?)	22. VIOLENCE: If dealh was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or credity 1/200118/0020	Whera did injury occur?
Location Treamstone, Mcg	Injured at home, farm, Industry, public place (where?)
18. Funeral director of Carymond 13. Rowlings	* A Selver
Address X Date property of the Control of the Contr	23. SIGNATURE M. D. OF OLDE
(Date red'd by registrar)  (Date red'd by registrar)	Address Salowon M Bate signed

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WARGIN RESERVED FOR BINDING

PLEASE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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06874

#### CERTIFICAT

E OF DEATH	Reg. Dist. No.	6
2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of Stale	mother)	rest town)
Sireet No. (If rurai, give	LOCATION)	*************************
2.(a) if veleran, name war		
	3. (b) Social Security 1	Number
MEDICAL CI	ERTIFICATION	
20. DATE OF DEATH . Cuquat	G 19 4 7	at 10 50 P M
21. I CEPT IFY that death occurrent on the date about 19.	ve etated; that I attended decrea	19 19 19
Immediate cause of death.		DURATION
Due to	und all	Dep
Dither conference Della	recevile	1801
(Thelide pregnants/within 3 a	months of death)	***************************************
Aotopsy results.  PHYSICIAN: Please underline libe cause to w	bich death should be charged	
22. VIOLENCE: If death was due to externet cau		
Accident, suicide, or homicide	Date of	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(City or town)	(County)	(State)
Injured al home, farm, Industry, public piece (w	^	
Moone of Injury	injured at york?	-1/-
komman	1 Lann	10/01

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: How long in hospital or tnetitution?..... 3. (a) FULL NAME 5. Color or race 6.(a) Single, married, widowed, or 4. Sex w. .6. (c) If alive, give age ... 7. Birth dafe of decaaged (mo., day, yr.) tf less than one day Years 8. AGE: 8. Birfhplace..... (Town, county, and state) 1D. Veual occupation...... 11. Industry or business 12. Name...... 13. Birthplace 14. Maiden na 15. Birthplace Address (Buriai, crsmation, or removal, Which?) Cemetery or cremetory Addrese 19. (Date/rsc'd by registrar)

SEP 3 1947 BUREAU V.B.

2411 N. Charles St., Baltimore

1240

#### CERTIFICATE OF DEATH

Reg. Diat. No. 62

	Reg. Diat. No.
1. PLACE OF DEATH:  County.  City or town.  (If outside eity or town limits, write RURAL and give nearest town)  How long in above piace of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME Genevieve Lane	3. (b) Social Security Number
4. Sex 7 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE DE DEATH. DUQUET 7.50An
8. AGE: Years Months Days If less than one day  3. By Manue of husband or wife Selection Selecti	and that I last saw I
9. Birthplace Battimon Battimon M.A.  10. Usual occupation Leave 11. Industry or business	Bue to. Due to.
12. Name John Scratch  13. Birthplace Balleness  14. Maiden name Many Trunkrown J  15. Birthplace Balleness	Other conditions (Include pregnancy within 3 months of death)  Major fieldings of operations.
16. Informant	Actorsy results
17. (Burial, eremation, or removal Which?)  Cemetery or crematory.  Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director. De tod many lend Address De tod many sol	Injured at home, farm, industry, public place (where?)  Mesns of injury  Injured at work?
19. (Date rec'd by registrar) 19.47 Pro O Jessey. Registrar	23. SIGNATURE M. D. or other M. D. or other Address. Date signed 5/9/47

ADING INK. Supply every item of information carefully. The correspicans: please write the causes of death clearly and legibly.

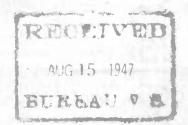
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MARGIN RESERVED





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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

06877

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)			
County Caroline				
City or town Federalsburg - Rural	State Maryland County Caroline			
(If outside city or rown limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	(If outside city or town limits, write RURAL and give hearest town)			
Hospital, Insiliution, or street address where death occurred:	Street No. Houston Branch Road			
Houston Granch Road	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Luther Nichola	Hone			
4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION			
Male White Widowed	1			
	20. DATE OF DEATH August 4 19 47 , 21 5:10 P.			
S.(b) Name of husband or wife Ida L. Nichola	21. I CERTIFY that death occurred on the date above stated; that I attended deceased trop			
6.(0) Name of husband or wife	1 une 12 1919 4107 au qu' 19 190			
7. Birth date of deceased (mo., day, yr.) Mary 12, 1874	and that I last saw he. A. alive on			
	Immediate cause of death DURATION			
o. Ital.				
73 2 22hrsmin.	Coronary themoses she			
O : C + Ward				
9. Birthplace Carolina County Maryland (Town, county, and state)	Due to.			
10. Usual occupation	Due to Chienic my occider to			
11. Industry or business Farm				
12. Name Leonard Michels  13. Birthplace Caroline County Maryland	Diher conditions			
13. Birthplace Caroline County Maryford				
	(Include pregnancy within 3 months of death)			
14. Maiden name Martha ana Michola	Major findings of operations.			
O . marin Cardin County Mariland				
21 15. Birthplace	- Date of op.			
14. Maiden name Martha ann Tichola  15. Birthplace Caroline County, Maryland  16. Informant Miss Jula R. Nichola	Actopsy resolts			
Address 1201-13th Street, n. W. Washington D.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following:			
17 Jurial Date thereof August 7, 1947 (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)				
Cemetery or crematory. The Crest Cornelling	Where did Injury occur? (City or town) (County) (State)			
Location Tederal strug Maryland	Injured at home, farm, industry, public place (where?)			
18. Funeral director J. S. Frankton and In	Means of Injury Injured at work?			
7 // ()	0 12 6 2 100			
Address thereshing, Maryland	23. SIGNATURE Frank m. On Burn m. O.			
18 august 7 1947 J. J. Frambitom	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
(Date ree'd by registrar)	Address Journal Mid signed 5 1 1 1			



#### CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: County Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Feleralsburg - Rural  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 hourses.  Hospital, institution, or street address where death occurred:  American Constitution?	State South Cooling County Florance  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Janie Peterson	3. (b) Social Security Number 248-18-5853
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Tenale Colored Rarried	MEDICAL CERTIFICATION  20. DATE OF DEATH
6, (b) Name of husband or wife Singleterry Peterson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(6.(c) If allve, give age 30 years	and that f last saw halive on
7. 8 irth date of deceased (mo., day, yr.) July 12, 1920  8. AGE: Years   Months   Days   If less than one day	Immediate vaose of death
8. AGE: 27 / /hrsmin.	Shock & D
9. Birthplace Meesana South Carolina (Town, county, and state)	Due to Struck by Jughteny Judges
10. Usual occupation Day Laborer	Due to
11. Industry or business Factory (Caning)  12. Name Samuel Session	Other conditions
12. Name Samuel Session  13. Birthplace South Carolina	
14. Malden name Lielie Montgomery  15. Birthplace South Carolina	(Include pregnancy within 3 months of death)  Major findings of operatioos
16. informant	Autopsy resolts
Address Zederalsburg Maryland R.T.D.  17. Remark 18 1947 (Burial, cremation, or removal, Which?)  Date thereof August 18 1947 (Burial, cremation, or removal, Which?)	22. V10LENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory take City South Carolina	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)
18. Funeral director fix Transform and Son	Means of Injury Injured at work?
Address Freezeroug, maryland	23. SIGNATURE ALUSON D. Tegy
19. August 19 19 47 J. B. Fram Stom Registrar	Address Date Signed B. L. C. G.

ADING INK. Supply every item of information carefully, ine correct age Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH (N) is especially important.

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 9-45-15M

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9300

# CERTIFICATE OF DEATH

				3
Reg.	Diat.	No.	 	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Loldsboro Rural	State Maryland County Caroline
(If outside city or town limits, write RURAL and give nearest town)	177.0-1-0-1
How long in above place of death? 200 4rs.	City or lown
Hospitat, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) tt veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
alonno Stan	ford 216-18-8860
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Col. Marrieds	20. DATE OF DEATH Aug. 31 1942 31 10 A.
6.(b) Name of husband or wife.	21. I QS&TIFY that death occurred on the date above stated; that attended decessed from
53	Dept 1 1946, 10 Clay 31 1947
7. Birth date of deceased (mo., day, yr.) CF. 10 1889	and that I last saw b Mu. allve on Gulf f
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death Inspecualities DURATION
57 10 21min	
9. Birthplace Greenslors, Caroline, Md	g Due to
(Town, county, and state)	
1D. Usuat occupation. S'armer	Due to
11. Industry or business	_
E 12. Name Kenolds Stanford	Other conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Licha Browns  15. Birthplace Maryland	Major findings of operations.
2 15. Birthplace Maryland	
18. Informant Mrs. acla Stanford	Antepsy results
Address Toldslow Med.	PHYSICIAN: Please underline the cause te which death should be charged statistically.
17 Buriol Bate thereof 9/3/47	22. VIOLENCE: Il death was due lo external causes, fiil in the following:
(monyh) (dar) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Law XI Canaloro, Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director of C. 3. Ruwlesias	Means of injury Injured at work?
Address X Treensloro Mcl.	- Rul & Howeverfulk o
Sept-3.47 20016 1:41	23. SIDNATURA M. D. Organia
(Date rec'd by registrar)  Registra	The second of the filler

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2411 N. Charles St., Baitimore

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## CERTIFICATE OF DEATH

Reg. Dist. No ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town Heuderson	State Md. County Caroline
(If outside city or town limits, write RURAL and give nearest town)	City or town Henderson.
How long in above place of death? 21 Age and	(If outside city or town limits, write RURAL and give nearest town)
Hoapital, inatitution, or street address where death occurred:	Street No.
U	(If rural, give LOCATION)
How long in hospital or inatitution?	2.(a) If yeteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
RUTH STUBBS	
4. Sez 5. Color or raca 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fi W. married.	20. DATE OF DEATH. CUCO - 20 6 19 47 at 11.15
71111 6 80 14	
8.(b) Rame of husband or wife. William & Slutted	21. I CERTIFY that death occurred of the date above stated; the attended deceased from
7. Birth date of Section 2. Birth date of Sect	19 19 19 19
7. Birth date of 41. Que 2d, 1897 (000	and that I last eaw h
decrased (mo., day, yr.)	Immediate cause of death, Ouganion
8. AGE: Years Months Days If leas than one day	Neart Callelle Sticker
(54) 5-4 / 23hrsmi	in.
Lugleside Obuse Arue ma.	Due to Or sairie Hant Small James
8. Birthplace (Towe, courty, and state)	
There are be	( Valvulai)
10. Uaual occupation.	Due to.
tt. Industry or business	
13. Birthplaca Md.	Dther conditions.
md.	Princi deministration
	(Include pregnancy within 8 months of death)
14. Maiden same Jaura Laura Laura Jaura Jaura Jaura	Major fiediegs ef eperations.
15. Birthplace Md.	
11 10. Birmplace	
18, Informaat William 6. Selver 30	Autopsy results.
Address Hardenson Md.	PHYSICIAN: Please eederline the caese to which death should be charged statistically.
	22. VtOLENCE: If death was due to external causes, fill in the tollowing;
17. Burial (Burial, eremation, or removal. Which?)  Date thereol (month) (day) (year)	Accident, aylcide, or homicide
(Buriat, eremation, or removal. which)	Where did Injury occur?
Cemetery or crematory	Where did injury occur?
Location Treeus bors Mic.	injured at home, farm, industry, public place (where?)
Ray word B. Rauluear	Meena of Injury Injured at work?
18. Funeral director	" \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Address Streets fort ma,	- V23 SIGNATURES DO SILVER
8/29 17 rao 6N -	23. SIGNATURE
(Date rge'd by registrar)  (Date rge'd by registrar)	ar Address Solsown Male gned 8/29/47
(Date No a ob religious)	

PLEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town.  (If outside city of town lights, write-GURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred  Street No.  (If rural, give LOCATION)  3. (a) FULL NAME  5. Color or ace  5. (a) Single married, widowed, or divorced  While Surges  6. (a) Single married, widowed, or divorced  T. Birth date of deceased (mo., day, yr.)  4. Set  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months  Days If less than one day  Town, Jointy, any Itagl)  10. Usual occupation.  11. Industry or busings:  12. Name Additional County of the Surges  City or town limits of the RUPAL and give nearest town)  Street No.  (If rural, give LOCATION)  2. (a) If reteran, name war.  3. (b) Social Security Number  MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. LCERTIFY that deals occurred given deals above stated: that I altended deceased from and that I last saw h. Mon. alive on limits of the state of death.  11. Industry or busings:  12. Name Additional County of the state of death.  Due to County of the state of death.  County or rown limits of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the RUPAL and give nearest town)  State Mounty of the
(If outside city of town light, write-60/RAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred  Street No.  (If rural, give LOCATION)  3. (a) FULL NAME  A. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  Town on thusband or wife.  5. (b) Name of husband or wife.  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years  Months  Days  If less than one day  Town, bonty, angitagh)  10. Usual occupation.  11. Industry or business  City or town limits frite RUPL and give nearest town)  Street No.  (If rural, give LOCATION)  2. (a) If veteran, name was  3. (b) Social Security Number  MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred pushe date above stated: that I attended deceased from and that I last saw h. How. slive on.  18. // Inmediate, cause of death  OURATION  Due to  Other conditions.  Other conditions.
How long in above place of death?  Hospital, Institution, or street address where death occurred  Street No.  (If rural, give LOCATION)  Street No.  (If rural, give LOCATION)  3. (a) FULL NAME  Prench Whilmore Taylor III  4. Sex  5. Color or race  5. (a) Single, married, widowed, or divorced  Stock No.  21. I CERTIFY that death occurred which date above stated; that I attended deceased from the date
How long in hospitat or institution?  3. (a) FULL NAME  Prank Whilmore Taylor III  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I CERTIFY that death occurred while date above stated: that I attended deceased from the date of the date above stated: that I attended deceased from the date of the date above stated: that I attended deceased from the date above stated: that I attended d
How long in hospitat or institution?  3. (a) FULL NAME  Stanfs Whilmore Taylor III  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred paths date above stated: that I attended deceased from the date above stated: t
3. (a) FULL NAME  A. Sex    S. Color or race   S. (a) Single, married, widowed, or divorced   Which   Single   MEDICAL CERTIFICATION
MEDICAL CERTIFICATION  While Single married, widowed, or divorced  MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred white date above stated: that I attended deceased from  18. Thirth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day  3. O Hold Carolina  19. Birthplace Carolina  10. Usual occupation  11. Industry or business  12. Mames Carolina  13. Birthplace  3. O Jaylor  3. O Jaylor  4. Daylor  5. (a) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred white date above stated: that I attended deceased from  18. Jaylor  19. Jaylor  20. DATE DF DEATH  21. I CERTIFY that death occurred white date above stated: that I attended deceased from  18. Jaylor  21. I CERTIFY that death occurred white date above stated: that I attended deceased from  21. I CERTIFY that death occurred white date above stated: that I attended deceased from  21. I CERTIFY that death occurred white date above stated: that I attended deceased from  22. DATE DF DEATH  23. DATE DF DEATH  24. I CERTIFICATION  25. DATE DF DEATH  26. DATE DF DEATH  27. I CERTIFY that death occurred white date above stated: that I attended deceased from  28. AGE: Years And Third Thi
6.(b) Name of husband or wife  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace Richard Robins Days If less than one day Town, bothey, any stary)  10. Usual occupation.  11. Industry or business  12. Name Robins Days If less than one day Durantia Robins Days If less than one day Durantia Due to Durantia D
5. (c) Name of husband or wife  5. (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day  7. Birthplace Richard Manual Days if less than one day  8. Birthplace Richard Days If less than one day  9. Birthplace Due to Days Due to Du
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9. Birthplace Coupation  10. Usual occupation  11. Industry or business  12. Name Pranch December 12. Name Pranch December 13. Birthplace Differentiation on the conditions Differentiation on the condition of the conditions Differentiation on the condition of the condition
8. AGE: Years Months Days if less than one day  3. O Hold Caroline Ma.  9. Birthplace Town, pointy, ang stay)  10. Usual occupation Due to Due
8. AGE: Years Months Days if less than one day  30 4 26 hrs. mln.  9. Birthplace Ridgely Carolina Md.  10. Usual occupation Due to Due
9. Birthplace Riedgely Carolina, Md.  10. Usual occupation Due to Garden Property and Start Due to Garden Property and Start Due to Due
10. Usual occupation.  11. Industry or business  12. Name Pranch W. Taylor Jr.  13. Birthplace  14. Town, fodnty, angitage)  15. Usual occupation.  16. Usual occupation.  17. Due to.  18. Other conditions.  19. Other conditions.
11. Industry or business  12. Name Prants W. Jaylor Jr.  13. Birthplace  14. Usual occupation.  Due to.  Diher conditions.
12. Name Frank W. Taylor Jr.  Dither conditions.
13. Birthplace Penna.
13. Birthplace (Leglade systemator within 2 months of death)
14. Maiden name Nelson M. Brasere
Major findings of operations.
Book ( 71) Tour Care ( 12)
Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)  Accident, suicide, or homicide. Date of
Cemetery or crematory (City or town) (County) (State)
Location
18. Funeral director 12. 13. Rawlings Mesns of Injury Injured at work?
Address & Treenstroro, Mcl. 23. SIGNATURE KARGE SIMME MA
19. Congret 14 19 47 A Wais.

PLEMSE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. (I)MARGIN RESERVED FOR BINDING



correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful as especially important. Physicians: please write the causes of death clearly a

MARGIN RESERVED FOR BINDING

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#### 2411 N. Charles St., Baltimore

06882 Reg. Dist. No. 6/

# CERTIFICATE OF DEATH

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF BECEASED:
County of Westerne	
City or town & Teensboro	State Waryland County Carolina
If outside city of town limits, write number and give nestest town,	City or lower / XT reenstrors
How long in above place of death? 40 4rs	City or lown
Mospital, institution, or street address where deeth occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
	3. (b) Social Security Number
3. (a) FULL NAME	
Nolla Hulson	Ceckery 213-22-6068
4. Ses   5. Color or tacs   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
In White Wielmurch	(1/, 19 1/2 1 P
J. While Willowed	2D. DATE DF DEATH UCLES - 19 19 47, st / P. M
William J.	21(V CERTIFY that death occurred on the party above stated; that attended deceased from
8.(b) Name of husband or wifs	July 19 1147 10 aug 19 1047
	1 6 Lug 19 147
7. Birth date of deceased (mg., day, yr.) 7. 20. 9 - 1886	and that I stay aw h is alive on the 19 1847
	Immedite busine bustandeles DURATION
8. AGE: Years Months Days If less than one day	Chrome Oughenders
6 10hrsmin.	
Pools mill maryland	
9. Birthplace ools mell Maryland (Town, county, and state)	Due to
4// (2011), 100110, 11111	
10. Usual occupation	Due to.
11. Industry or business	
	Other conditions ()
10-0	
	(Include pregnincy within 3 months of death)
14. Molden name Clara June Nersey	
14. Molden name Clara June Hersey  15. Birthplace Mary land	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informani Mrs. Hatthe Engrem	Antopsy results.
	PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Address Harrington, Nel.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Out to per semalal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or remotal Which?)  Date thereof (month) (day) (year)	
Cemetery or cremyory XJ/Leens/2010	Where did injury occur? (City or town) (County) (State)
La Base in Casa Mil	Injured at home, farm, industry, public place (where?)
Location	On the state of
B B Rawlengol	Maena of injury Intereg at work?
18. Funeral director	CA OUTH
Address X Revisions Mcc.	23. SIGNAM Dlavela N Theesoful h
1 12 cm 12	23. SIGNAL D. OCTOR 9
19. (Date 20'd by registrar)	Address Steems tu Medal signed 28
(Date pic'd by registrar)	1 C 11 17 -

2411 N. Charles St., Baltimore

930

06883

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town (If outside ity or town limits, write RURAL and give nearest town)	State Maryland County Caroline
How long in above place of death?	City or town (If curside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospilal or institution?	2.(a) it veteran, name war
3. (a) FULL NAME addie Lavinia a	Jilson 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Single	MEDICAL CERTIFICATION  20. DATE OF DEATH Quart 12 1947, 2104:15
6.(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated; that Lattended deceased from  19. 47. to ling
7. Birth date of deceased (mo., day, yr.) October 23, 1867  8. AGE: Years Months Days It less than one day	Immediate course of Seath DURATION  DURATION
9. Birthplace (Town, egenty, and state)	Due forten pole les les
10. Usual occupation. School Sealer.	Due to.
12. Name Lames Wilson  13. Birthpiace Manyland	Other conditions every legect (Include pregnancy within 3 months of death)
14. Malden name Susan Hallroat  15. Birthplace Many and	Major findings of operations.
16. Interment Mrs. & adie Americano. 84. Frankfort, Pa.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
11. Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due fo external causes, fill in fhe tollowing;  Accident, suicide, or homicide
Cemetery or crematory Center Manyland	Where did injury occur?
18. Funeral director I will have gran	Meens of injury 1984; Mark?
Address Jendon mangend	23. SIGNATURE Could N At reach the A
19. (Datyree'd by registrar)	Address Datd signed Datd signed

RECEIVED AUG 18 1947 BUREAU F 8